STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAVEL EXPENSE CLAIM

CHP 262 (Rev. 3-09) OPI 071

☐ Relocation ☒ Out of State

DEPARTMENT	PAGE(S)
California Highway Patrol	1 of 1

CLAIMANT'S NAME	I. D. NUMBER	SOCIAL SECURITY NUMBER*	WORK TELEPHONE NUMBER
Joseph A. Farrow	09486		(916) 657-7152

POSITION	CB / ID NUMBER	DIVISION OR BUREAU	LOCATION CODE
Commissioner	M05	Office of the Commissioner	001

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS: 2555 1st Avenue

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE: Sacramento, CA 95818

1. MONTH/YEAR: April 2009		3. LOCATIONS WHERE EXPENSES WERE INCURRED	4. LODGING	5. MEALS			6. INCIDENTALS	7. TRANSPORTATION						8. BUSINESS EXPENSE	9. TOTAL EXPENSES FOR DAY
2. DATE	TIME			BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		A. COST OF TRANS.	B. TYPE USED	C. TOLLS, PARKING	D. PRIVATE CAR USE MILES	AMOUNT			
6	2000	Sacramento to Ontario	95.73						TO						95.73
7	2030	Ontario to Las Vegas and Return		6.00	10.00	18.00	6.00		TO						40.00
10. CLAIM TOTAL			95.73	6.00	10.00	18.00	6.00								135.73

11. PURPOSE OF TRIP, REMARKS AND DETAILS *(ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)*
Attended funeral services of CHP Officer Aaron Gilliland, died April 2, 2009. Visited Barstow Area command. Returned from Las Vegas airport due to close proximity of funeral services.

12. NORMAL WORK HOURS
0800-1700

13. REGULAR DAYS OFF
Saturday/Sunday

14. PRIVATE VEHICLE LICENSE NUMBER

15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. *I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.*

CLAIMANT'S SIGNATURE *(blue ink only)*   DATE   SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT   DATE

SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES   DATE